CandleKids

SAVE MORE – SUBSCRIBE TO THE 2011-2012 CANDLEKIDS SERIES BY OCTOBER 31 FOR "EARLY BIRD" RATES!

TO SUBSCRIBE TO THE CANDLEKIDS SERIES, FILL OUT THIS FORM & MAIL WITH YOUR PAYMENT TO:

CANDLELIGHT CONCERT SOCIETY, 8950 Route 108, #115A, Columbia, MD 21045

***OR* PHONE THE CANDLELIGHT OFFICE AT: 410-997-2324 and pay by credit card**

NAME: (please print) _____ **DATE:** _____

ADDRESS: _____ **E-MAIL:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE #(*important in case of emergency cancellations*): Home _____ **Cell** _____

I will pay by: ____**Check** (payable to **Candlelight Concerts**) ***OR*** by: ___**VISA** ___**MasterCard** ___**Discover**

Credit Card Number _____ Expiration Date _____

Cardholder's Signature _____

How did you hear about CandleKids? School: _____ Library____ Web____ Other: _____

All CandleKids performances are on Sundays at Smith Theatre, Howard Community College

***SERIES SUBSCRIPTION ORDER -}** **Subscription price before October 31st: $28/person**
(Subscription price after October 31st: $32/person)

Series of 4 performances: ***Circle:* 2:30 pm *or* 4:30 pm** **# of Subscriptions ____@$28 each = $_____**

We depend on your tax-deductible contributions. Please consider including a donation to Candlelight. Thank you!

Subscription Handling Fee = $ + 3.00

TAX-DEDUCTIBLE CONTRIBUTION = $_____

TOTAL AMOUNT ENCLOSED/CHARGED = $_____

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***INDIVIDUAL TICKET ORDER for CandleKids performances -}**

Individual Tickets: $10/ticket per person – all ages

#1—NOV. 20, 2011—*Sleeping Beauty* - NMT ***Circle* 2:30 *or* 4:30 pm** __ **@ $10/ticket = $_____**

#2—DEC. 4, 2011—*Ariel's Tempest* – Peabody Opera ***Circle* 2:30 *or* 4:30 pm** __ **@ $10/ticket = $_____**

#3—JAN. 22, 2012—*Henry & Mudge* - TheatreworksUSA ***Circle* 2:30 *or* 4:30 pm** __ **@ $10/ticket = $_____**

#4—FEB. 12, 2012—*Jack & the Beanstalk* –Theatre IV ***Circle* 2:30 *or* 4:30 pm** __ **@ $10/ticket = $_____**

Total Cost of Individual Tickets = $_____

TAX-DEDUCTIBLE CONTRIBUTION = $_____

TOTAL AMOUNT ENCLOSED/CHARGED = $_____

Do you need directions to Smith Theatre? YES, please send____ No____

SPECIAL REQUESTS: Wheelchair access ____

Group ticket pricing ____

Office Use: #2011CK-_____ Ch/VISA/MC/Disc deposited: _____ Ticket Nos: _____ Mailed: _____

Don #2011-_____ Ack_____ DL_____ Log_____ DB_____